24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
American Media & Advocacy Group	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 Slaters Lane	Amount
City State Zip Code	862452.00
Alexandria VA 22314	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure TV/media placement Category/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought:
Brad Schneider	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Dist 201-	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Push Digital	10 14 2016
Mailing Address PO Box 7431	Amount
City State Zip Code	58751.00
Columbia SC 29202	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising Category/ Type 004	10 10 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 10
Brad Schneider	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	921203.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed] Date	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	